

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TID.		8/4/98
O.I.P.E. CLASSIFIER		49	8/7/98
FORMALITY REVIEW	892		8/26/98

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	8/25/98
2	✓	✓	8/25/98
3	✓	✓	8/25/98
4	✓	✓	8/25/98
5	✓	✓	8/25/98
6	✓	✓	8/25/98
7	✓	✓	8/25/98
8	✓	✓	8/25/98
9	✓	✓	8/25/98
10	✓	✓	8/25/98
11	✓	✓	8/25/98
12	✓	✓	8/25/98
13	✓	✓	8/25/98
14	✓	✓	8/25/98
15	✓	✓	8/25/98
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here